

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide **Application for** *Re-Approval* **of Training Program**

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

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Name of Institution: Galben Living Centers of Clark, Lake Norden, Milbank and Waterton Address: 415 4th Ave NE, Watertown, 50 57201
Phone Number: (605)-884-8431 Fax Number: (605) 753-780/
Phone Number: (605) 886-8451 Fax Number: (605) 753-780/ E-mail Address of Faculty: Carol. Olson @ galden Living . com
Select option(s) for Re-Approval: Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum 1. List personnel and licensure information 2. Complete evaluation of the curriculum Request re-approval with faculty changes and/or curriculum changes 1. List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel 2. Complete evaluation of the curriculum 3. Submit documentation to support requested curriculum changes

1. List Personnel and Licensure Information:

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

	Feb. 75.		RN-LICENSE	
Name of Program Coordinator	State	Number	Expiration Date	Verification (Completed by SDBON)
Carol Olson RN	50	2026463	12/10/1014	(An)
If requesting new Program Coordinator, a	attach curr	culum vità, resume	or work history	, 000

Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

	RN OR LPN LICENSE				
Name of Primary Instructor	State	Number		Verification (Completed by SDBON)	
Marie Schulz	SD	R027156			

If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

Supplemental Personnel may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.



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	LICENSURE/REGISTRATION			
Supplemental Personnel & Credentials	State			Verification (Completed by SDBON)
Su attached				
				Presidental

 Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Program was no less than 75 hours. Provided minimum 16 hours of instruction prior to students having direct patient contact. Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor. Provided instruction on each content area (see ARSD 44:04:18:15): Basic nursing skills Personal care skills Mental health and social services Care of cognitively impaired clients Basic restorative nursing services Residents' rights Students did not to be competent Students only provided patient services under the supervision of a licensed nurse Your agency maintains a 75% pass rate of students on the competency evaluation	. No
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(written and skills exam taken through the SD Healthcare Association).	

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3.	Submit Doc	umentation to Support Requested Curriculum Changes:
Naı	me of Course (if a	oplicable): AHCA 5th ed.
1112	cruccion, and onlin	
_	Submit reference	list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).
Sub	Curriculum, obje	n that supports requirements listed in ARSD 44:04:18:15, including: ed objectives with measurable performance criteria for each unit of curriculum tives and agenda documenting the requirements for the minimum 75 hour course as follows:
	☐ Com	of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: munication and interpersonal skills, infection control, safety/emergency procedures, promoting lents' independence, respecting residents' rights.
	□ A minimum	of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective structor ratio may not exceed eight students for one instructor.
	☐ Instruction	in each of the following content areas (see ARSD 44:04:18:15 for more detail)
	to a	nursing skills (including documentation) including: vital signs; height and weight; client environment s; recognizing abnormal changes in body functioning and the importance of reporting such changes supervisor; and caring for dying clients;
	☐ Pers eatir	onal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with g and hydration; feeding techniques; skin care; and transfers, positioning, and turning:



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	developmental tasks associated with aging pro	responding appropriately to behaviors; awareness of				
	developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support; Care of cognitively impaired clients, including: communication and techniques for addressing unique					
	Basic restorative nursing services, including:	Self-care: use of assistive devices in transferring, ambulation				
	eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices; Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.					
Program Cod	ordinator Signature: Card ()	on RN Date: 3/3/14				
This section	to be completed by the South Dakota Board	of Nursing				
Date Applica		Date Application Denied:				
Expiration Da	ate of Approval: m 2rch 2016	Reason for Denial:				
Board Repres Date Notice S	Sent to Institution:					
Ken	Mexander-RN 1 Ozyton LPN	R037587 - 881/20				
fei	1 Ozton LPN	P606349 80				
Juli	e Otten ent	Ro16539 8				
Jed.	n Rodell LAN	P005042 - 88				
		12-7-14				